



1615

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/340,338	
	Filing Date	June 25, 1999	
	First Named Inventor	Fotinos	
	Art Unit	1615	
	Examiner Name	Ware	
Total Number of Pages in This Submission	5	Attorney Docket Number	1581-120

RECEIVED  
MAY 18 2003  
TECH CENTER 1600/2900

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Return Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Thomas S. Deibert, Reg.# 40,984
Signature	
Date	May 7, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: May 7, 2003	
Typed or printed	Thomas S. Deibert, Reg.# 40,984
Signature	
Date	May 7, 2003

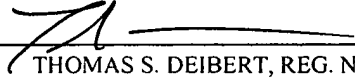
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



**CERTIFICATE OF MAILING**

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE WITH SUFFICIENT POSTAGE AS FIRST-CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, PO BOX 1450, ALEXANDRIA, VIRGINIA 22313-1450, ON MAY 7, 2003

  
THOMAS S. DEIBERT, REG. NO. 40,984  
AGENT/ATTORNEY FOR APPLICANT

May 7, 2003  
DATE

RECEIVED  
MAY 12 2003  
TECH CENTER 160012900

Attorney Docket No. 1581/120

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Fotinos

Serial No.: 09/340,338

Group Art Unit No.: 1615

Filed: June 25, 1999

Examiner: Ware

For: Device and method for the treatment of erectile dysfunction

Commissioner for Patents

PO Box 1450

Alexandria, Virginia 22313-1450

**INFORMATION DISCLOSURE STATEMENT  
UNDER 37 CFR 1.56**

Applicants herein make available to the Patent and Trademark Office copies of the references, listed on the included Form PTO-1449.

The Examiner is requested to consider carefully the complete text of these references in connection with the examination of this application. It is believed that the Examiner will concur with Applicant's belief that the foregoing references do not adversely affect the patentability of the subject matter presently claimed, taken alone or in combination.

It is requested that the listed references be included in the "References Cited" portion of any patent issuing from this application.

**(1) This Information Disclosure Statement is being filed:**

- ☒ within three months of the filing date of the patent application.
- ☐ within three months of the date of entry into the national stage as set forth in 37 CFR 1.491 of the international application.
- ☐ **before** the mailing date of a first Office Action on the merits.
- ☐ **after** the mailing date of the first Office Action on the merits, but **before** the mailing date of

a Final Action under 37 CFR 1.113,  
a Notice of Allowance under 37 CFR 1.311, or  
an action that otherwise closes prosecution,

and is accompanied by either:

- ☐ the Statement under 37 CFR 1.97(e) (see "Statement" below), **or**
- ☐ the fee under 37 CFR 1.17(p).

- ☐ **after** the mailing date of

a Final Action under 37 CFR 1.113,  
a Notice of Allowance under 37 CFR 1.311, or  
an action that otherwise closes prosecution,,

and is accompanied by both:

the Statement under 37 CFR 1.97(e) (see "Statement" below), **and**  
the fee under 37 CFR 1.17(p).

(2) **Statement**

- ☐ The **undersigned attorney** hereby states that each item information contained in the Supplemental Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign patent application not more than three months prior to the filing of the Supplemental Information Disclosure Statement. *(If this box is checked, do not check any further Statement boxes.)*

**or**

- ☐ The **person signing immediately below** hereby states that no item of information contained in the Supplemental Information Disclosure was cited in any communication from any foreign patent office in any counterpart foreign patent application or, to the knowledge of the person signing after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the Supplemental Information Disclosure Statement.

*The person making the statement is:*

- ☐ the inventor(s) who sign(s) below:

---

*Signature of the Inventor(s)*

---

*Typed or Printed Name of the Inventor(s)*

**or**

- ☐ a person who is substantively involved in the preparation or prosecution of the application, and who is associated with the inventor(s), or with the assignee, or with anyone to whom there is an obligation to assign the application (37 CFR 1.565(c)) and who signs below:

\_\_\_\_\_  
*Signature of the Person(s)*

\_\_\_\_\_  
*Typed or Printed Name of the Person*

\_\_\_\_\_  
*Address of Person Signing*

**or**

- ☐ the undersigned attorney who signs on the basis of the information:
- ☐ supplied by the inventor(s).
  - ☐ supplied by an individual designated in 37 CFR 1.56(c).
  - ☐ in the attorney's file.

\_\_\_\_\_  
*Signature of the Attorney (4) Fees*

- ☒ **No Fee** is owed by the applicants.
- ☐ **The IDS Fee of \$180.00** under 37 CFR 1.17(p) is enclosed herewith.

**(5) Method of Payment of Fees**

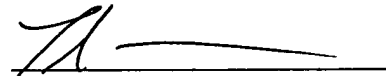
- ☐ Attached is a check in the amount of \$\_\_\_\_\_.
- ☐ Applicants hereby authorize the Commissioner to charge the \$180.00 IDS Fee to Deposit Account No. 04-0480.

(6) **Authorization to Charge Additional Fees**

- ☒ Applicants hereby authorize the Commissioner to charge any additional fees deemed required for consideration of this Paper to Deposit Account No. 04-0480.

A prompt and favorable response is earnestly solicited.

Respectfully submitted,



Thomas S. Deibert  
Registration No. 40,984  
Attorney for Applicant

DECHERT LLP  
A Pennsylvania Limited Liability Partnership  
Princeton Pike Corporate Center  
PO Box 5218  
Princeton, New Jersey 08543-5218  
Fax: (609) 620-3259  
Attn: Thomas S. Deibert, Esq.  
(609) 620-3231



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

## Complete if Known

Application Number	09/340,338
Filing Date	June 25, 1999
First Named Inventor	Fotinos
Art Unit	1615
Examiner Name	Ware
Attorney Docket Number	1581/120

Sheet 1 of 1

## U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
		US- 09/398,846		Fotinos	RECEIVED MAY 12 2003 TECH CENTER 1600/2900
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			

## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)				

Examiner  
Signature

Date  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.